

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0851-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	Attorney Docket Number	13/068
	First Named Inventor	Llinas-Brunet, M. et al
	<b>COMPLETE IF KNOWN</b>	
	Application Number	09 / 368,866
	Filing Date	08/05/99
	Group Art Unit	1613.
<input type="checkbox"/> Declaration Submitted with Initial Filing         OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Hepatitis C Inhibitor Tri-Peptides

the specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 08/05/1999

as United States Application Number or PCT International

Application Number 09/368,866 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/095,931	08/10/1998	
60/132,386	05/04/1999	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY

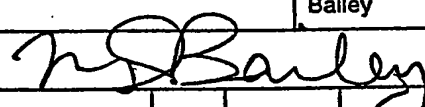
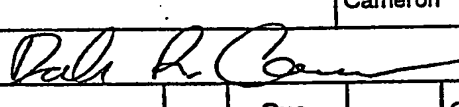
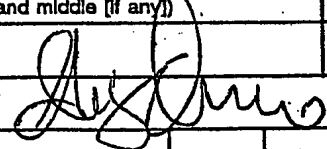
Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
 Approved for use through 9/30/98. OMB 0651-0032  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 1 of 4

<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))					Family Name or Surname				
Murray D.					Bailey				
Inventor's Signature					Date	May 25/00			
Residence: City	Pierrefonds	State	Que.	Country	Canada	Citizenship	CA		
Post Office Address	344 Groulx								
Post Office Address									
City	Pierrefonds	State	Que.	ZIP	H8Y 1B3	Country	Canada		
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))					Family Name or Surname				
Dale, R.					Cameron				
Inventor's Signature					Date	May 24/00			
Residence: City	Rosemere	State	Que.	Country	Canada	Citizenship	CA		
Post Office Address	493 de l'Erablere								
Post Office Address									
City	Rosemere	State	Que.	ZIP	J7A 4M4	Country	Canada		
<b>Name of Additional Joint Inventor, if any:</b>					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))					Family Name or Surname				
Elise					Ghiro				
Inventor's Signature					Date	25 May 00			
Residence: City	Laval	State	Que.	Country	Canada	Citizenship	CA		
Post Office Address	768 Pierre								
Post Office Address									
City	Laval	State	Que.	ZIP	H7X 3L8	Country	Canada		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Case No. 13/068

**COPY**

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
 Approved for use through 9/30/98, OMB 0651-0032  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 2 of 4

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Nathalie				Goudreau			
Inventor's Signature	<i>Nathalie Goudreau</i>					Date	May 24/00
Residence: City	Mont-Royal	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	416 Graham						
Post Office Address							
City	Mont-Royal	State	Que.	ZIP	H3P 2C9	Country	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Marc-Andre				Poupart			
Inventor's Signature	<i>Marc Poupart</i>					Date	May 24/00
Residence: City	Vimont	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	101 Aime Seguin						
Post Office Address							
City	Vimont	State	Que.	ZIP	H7M 1B3	Country	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jean				Rancourt			
Inventor's Signature	<i>Jean Rancourt</i>					Date	May 24/00
Residence: City	Laval	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	6400 de l'Aiglon						
Post Office Address							
City	Laval	State	Que.	ZIP	H7M 4W2	Country	Canada

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Case No. 13/068

**COPY**

Please type a plus sign (+) inside this box →



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0851-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION**
**ADDITIONAL INVENTOR(S)**  
 Supplemental Sheet  
 Page 3 of 4

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Youla S.				Tsantrizos			
<b>Inventor's Signature</b>				<b>Date</b>	May 24/00		
<b>Residence: City</b>	Saint-Laurent	<b>State</b>	Que.	<b>Country</b>	Canada	<b>Citizenship</b>	CA
<b>Post Office Address</b>	1590 Champigny						
<b>Post Office Address</b>							
<b>City</b>	Saint-Laurent	<b>State</b>	Que.	<b>ZIP</b>	H4L 4P7	<b>Country</b>	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Anne-Marie				Faucher			
<b>Inventor's Signature</b>				<b>Date</b>	May 24/00		
<b>Residence: City</b>	Oka	<b>State</b>	Que.	<b>Country</b>	Canada	<b>Citizenship</b>	CA
<b>Post Office Address</b>	11 Lefebvre North						
<b>Post Office Address</b>							
<b>City</b>	Oka	<b>State</b>	Que.	<b>ZIP</b>	JON 1E0	<b>Country</b>	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Teddy				Halmos			
<b>Inventor's Signature</b>				<b>Date</b>	May 24/00		
<b>Residence: City</b>	Laval	<b>State</b>	Que.	<b>Country</b>	Canada	<b>Citizenship</b>	CA
<b>Post Office Address</b>	1935 Jean Picard #8						
<b>Post Office Address</b>							
<b>City</b>	Laval	<b>State</b>	Que.	<b>ZIP</b>	H7T 2K4	<b>Country</b>	Canada

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Case No. 13/068

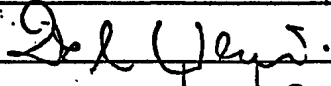
**COPY**

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
 Approved for use through 9/30/98. OMB 0651-0032  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION**

**ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
 Page 4 of 4

<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Dominik M.				Wemic			
Inventor's Signature						Date	May 25/00
Residence: City	Laval	State	Que.	Country	Canada	Citizenship	CA
Post Office Address	900 des Giroflees						
Post Office Address							
City	Laval	State	Que.	ZIP	H7X 3G5	Country	Canada
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Case No. 13/068

**COPY**